



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation		
26720		Nelson-Mack Narragansett Post #4651 VFW of U.S.		
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island		
R I		Fraternal, Patriotic, Historical and Educational		
5. Principal Office Address		City	State	Zip
7 HAVON AVE		CRANSTON	R.I.	02920
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>		
President Name		Vice-President Name		
Julio Cresci		Kevin P. Lannon		
Street Address		Street Address		
150 Langdon St.		91 Oak Lawn Ave		
City	State	City	State	Zip
Providence	R I	Cranston	R I	02920
Secretary Name		Treasurer Name		
James E. McCann		James E. McCann		
Street Address		Street Address		
127 Trimtown Rd.		127 Trimtown Rd.		
City	State	City	State	Zip
No. Scituate	R I	No. Scituate	R I	02857
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>		
Director Name		Director Name		
Luigi Vaccaro		James E. McCann		
Street Address		Street Address		
28 Harris Ave		127 Trimtown Rd.		
City	State	City	State	Zip
Cranston	R I	No Scituate	R I	02857
Director Name		Director Name		
Lawrence R. Natolin		Michael G. Gicheri		
Street Address		Street Address		
1652 Cranston St		11 Vincent Dr		
City	State	City	State	Zip
Cranston	R I	Johnston	R I	02919
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.				
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.				
Name of Officer/Authorized Representative				Date
James E. McCann				6-1-16
Signature of Officer/Authorized Representative				
James E. McCann - Treasurer				

FILED

JUN 06 2016

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